

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 20, 2020

Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gamil.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P. O. Box 5825	City, State, Zip: Marianna, FL 32447
Telephone: 850-209-4878	Date of Facility Visit: July 7- 8, 2020

Agency Information

Name of Agency: Tennessee Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Tennessee			
Physical Address: 320 6 th Avenue North		City, State, Zip: Nashville, TN 37243	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Nashville, TN 37243	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.tn.gov/correction			

Agency Chief Executive Officer

Name: Tony C. Parker, Commissioner	
Email: tony.c.parker@tn.gov	Telephone: (615) 741-1000

Agency-Wide PREA Coordinator

Name: Blake Pollock	
Email: blake.h.pollock@tn.gov	Telephone: (616) 982-5398
PREA Coordinator Reports to: Kimberly Guiden, Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator: 10

Facility Information

Name of Facility: Lois M. Deberry Special Needs Facility

Physical Address: 7575 Cockrill Bend Blvd

City, State, Zip: Nashville, TN 37243

Mailing Address (if different from above):
N/A

City, State, Zip: Click or tap here to enter text.

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Type:

☒ Prison

☐ Jail

Facility Website with PREA Information: www.tn.gov/correction

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Internal PREA Audit

Warden/Jail Administrator/Sheriff/Director

Name: James M. Holloway, Warden

Email: James.Michael.Holloway@tn.gov

Telephone: (615) 350-2747

Facility PREA Compliance Manager

Name: Gary Hatfield

Email: Gary.S.Hatfield@tn.gov

Telephone: (629) 401-8975

Facility Health Service Administrator ☐ N/A

Name: Tammy Farley

Email: Tammy.M.Farley@tn.gov

Telephone: (615) 350-4946

Facility Characteristics

Designated Facility Capacity:

854

Current Population of Facility:

681

Average daily population for the past 12 months:	745	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 – 75	
Average length of stay or time under supervision:	6 years and 4 months	
Facility security levels/inmate custody levels:	Minimum trustee through maximum custody	
Number of inmates admitted to facility during the past 12 months:	2532	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	954	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	453	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	516	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	121	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	55	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	115
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	14
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	24
Number of single cell housing units:	15
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	44
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	1	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Lois M. DeBerry Special Needs Facility (DSNF) located at 7575 Cockrill Bend Blvd, Nashville, TN. 37243, was coordinated through the Tennessee Department of Corrections (TDOC) and a solicitation for bid of contract. Upon award of the solicitation to 3D PREA Auditing and Consulting, LLC, Department of Justice (DOJ) Certified PREA auditor Ms. Debra Dawson was assigned as the Lead PREA Auditor. DOJ Certified PREA Auditor Ms. Crystal Norment served as the secondary PREA Auditor.

The initial contact between the TDOC State-wide PREA Coordinator Blake Pollock with the Office of the Inspector General and Ms. Dawson was established on December 19, 2019 referencing scheduling of the audit. The audit was scheduled for an onsite visit of March 18 - 20, 2020. However, the audit process began prior to the onsite. Notification of the PREA audit and onsite visit for staff and inmate population posting was forward to the facility was posted on January 5, 2020. Additionally, the Pre-Audit Questionnaire for Adult Prison and Jails was forward for completion by the DSNF PREA Compliance Manager (PCM) Mr. Gary Hatfield. Verification of the notice postings were confirmed for January 24, 2020 and documented through photographs of postings throughout the facility. The PREA audit review period was determined as January 1, 2019 – December 31, 2019. The Lead Auditor utilized resources within the PREA Auditor Portal for completion and return to the auditing team by the PCM. The forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms allowed the auditors to select investigative files, staff personnel files, identified specialized staff, and identified inmates within the various targeted categories for interviews during the onsite visit of the audit. The auditing team reviewed the Agency Website, the Annual PREA reports and prior PREA audit reports for DSNF. The auditor contacted Just Detention International (JDI) regarding any PREA related information submitted by the inmate population in the past 12 months of the scheduled audit and received a negative response. The auditors did not receive any confidential correspondence from the inmate population and/or staff.

The completed PREA Audit Questionnaire and organized files for each of the 43 standards with TDOC policies, TFPW policies, staff and inmate rosters, PREA lesson plans, confirmation of staff and inmate population PREA education, specialized training for investigators, medical and mental health staff, log book entries of unannounced PREA rounds, and a variety of supporting documentation for each of 43 PREA standards was submitted to the auditors through a secured link with restricted password

requirement. Information provided was used during pre-audit prior to the site visit and would be used during the post audit when writing the report. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and in practice by staff.

A review of the TDOC website www.tn.gov/correction/ PREA Policy confirmed it provides information by clicking on the topic hyperlink. Tip line for third-party reporting of sexual abuse and sexual harassment is identified on the website as (615) 253-8178.

The lead auditor was notified on March 14, 2020, that due to the global negative effect of COVID 19 the scheduled onsite visit for March 17 – 18, 2020 was suspended until further notice. Suspended entry into DSNF became effective for all visitors, volunteers and TDOC staff not directly assigned to the facility. The auditor advised the TDOC State-wide PREA Coordinator that the review period would continue as previously schedule.

The onsite visit was later rescheduled for July 7 - 8, 2020. However, in an effort to protect staff, inmate population and the auditors in the prevention and spread of COVID 19, a decision was agreed upon by the Tennessee Department of Corrections and the lead auditor that the vast majority of staff and inmate interviews would be conducted via Skype. The TDOC State-wide PREA Coordinator, DSNF PCM and lead PREA auditor developed a structured plan in conducting interviews via Skype while ensuring inmates and staff selected were stationed in an office area that awarded total privacy. Security staff assigned to the two shifts of 6:00 a.m. – 6:00 p.m. and 6:00 p.m. and 6:00 a.m., and non-security staff was selected for random interviews. Inmates were selected for random interview via a daily roster and inmates selected for interview within the targeted group were randomly selected from rosters that identified them for the specific targeted category. Although entry into the facility continued to be restricted, the auditors were allowed entry into the facility for the rescheduled onsite visit July 7 -8, 2020, and upon receipt of a negative COVID 19 test and having a normal temperature at arrival.

On Tuesday July 7, 2020, the lead PREA auditor arrived for the PREA onsite visit at DSNF. The initial entry meeting was held in the training room. Those in attendance were DOJ Certified PREA Auditor Debra Dawson, Warden James M. Holloway, Associate Warden of Security Corvelli Haynes, Associate Warden of Treatment (Associate Warden T), Director of Compliance with the Office of the Inspector General Kimberly Gulden, TDOC State-wide PREA Coordinator with the Office of the Inspector General Blake Pollock, Fiscal Director Kevin Hedge, DSNF PCM Gary Hatfield, Office of Investigations and Compliance (OIC) Institution Investigator Dale Loudin, and Associate Warden of Treatment Secretary Yulanda Tate. The auditor stated the hours of work would be extended to conduct additional interviews with security staff on both shifts and the inmate population. The successful completion of staff and inmate interviews conducted via Skype aided in an increase prevention of obtaining and the spread of COVID-19 to and from staff, visitors, and their families. The Center of Disease Control (CDC) recommendation of social distancing was determined to be utilized throughout the tour and during additional staff and inmate interviews. The onsite audit process would include a through tour of the facility, additional staff and inmate interviews and the review of random selected files of additional personnel files, employee training, inmate training, staff background checks, PREA allegation investigative files, inmate risk

assessments for 72 hours and the follow-up 30 risk assessment. The auditor asked that upon an inmate's request to speak with the auditor, a private setting would be provided.

At the conclusion of the entry meeting, the auditor was escorted during the tour throughout the facility by the TDOC PREA State-wide Coordinator, Director of Compliance, Associate Warden (T) and the DSNF PCM. The auditors were provided with a physical plant unit schematic for a pre tour scheduling itinerary. The tour consisted of a site visit to all areas that composed DSNF. The auditor tested the PREA Hotline numbers noted and for both internal and external during the tour and them to be in working order.

Observation during the tour revealed an extraordinary amount of PREA information was posted throughout the facility on decorative bulletin boards accessible to all inmates and staff. In addition to PREA posters, the identity of the Sexual Abuse Response Team (SART), the names and positions of facility victim advocates, how to report PREA allegations both internal and external PREA Hotline telephone numbers and the identity and positions of the facility's DSNF PCM and facility's PREA Coordinator was also posted. All PREA information was easily identifiable due to being in notifiable bright colors separate from other documents. These organized bulletin boards were in every department and in the foyer of housing units. There were no areas where visibility was obstructed by the placement of equipment, window blinds, full doors without glass, etc. The facility had increased their video monitoring to a total of 377 cameras since the previous PREA audit in December 2017. Cameras were strategically positioned throughout the facility that undoubtedly provided an assurance in assisting with the prevention, and detection of sexual abuse and, sexual harassment. The 377 cameras with video recording capability were noted as being carefully thought out during their placement. In addition to video monitoring, the installation of convex mirrors/safety mirrors were installed in a manner that eliminated blind spots. A tour of the housing units, gymnasium, work detail areas, and program areas confirmed the inmate population are provided with privacy when performing bodily functions, showers and/or change of clothing as applicable. All cells in the 12 housing units at the main facility are equipped with a toilet and lavatory. The inmate restrooms in the program and work areas are individual and provide privacy by a full door. Showers in the housing units are individual and each has a door and shower curtain.

Due to the COVID -19 global pandemic, there have been limited incoming and outgoing inmate movement. The auditor was unable to observe intake screening for the inmate's risk of victimization and abusiveness 72 hour and/or 30 follow-up re-assessments. The auditor did request staff assigned to complete these duties to demonstrate the practice and explain the process. Staff shared the used of the Tennessee Inmate Management Information System (E-TOMIS) that does not allow staff to assign inmates identified as at risk of sexual victimization and an inmate identified as an aggressor as cell mates and/or co-worker on a job detail. Inmates identified as an aggressor are not assigned to outside details.

The auditor attended shift briefing to introduce herself to the security staff assigned to the second shift 6:00 p.m. – 6:00 a.m. The Shift Commander's presentation included PREA as a topic. The auditor continued with additional staff interviewing following the briefing.

On the second day of the onsite visit, the auditor met with the DSNF PCM, DSNF Associate Warden of Treatment/ DSNF PREA Coordinator, Office of the Inspector General Kimberly Gulden, and Office of the Inspector General State-wide PREA Coordinator to review documentation submitted on the PAQ for the 43 standards, investigative files, policies and any additional documentation that would be needed.

The auditor conducted interviews with security, non-security, specialized staff, Sexual Abuse Response Team (SART) Members, and contractors that included male and female staff. The auditor conducted 15 random sample staff interviews and the following 24 specialized staff interviews: (1) Agency Head Designee; (1) Warden; (1) Staff charged with monitoring retaliation; (2) Medical Staff; (1) Human Resource Manager; (2) Investigators; (1) Incident Review Team Member; (3) Intermediate/higher-level staff (unannounced rounds); (1) DSNF PCM; (1) Officer of Inspector General State-wide PREA Coordinator; (1) Staff who supervise segregation; (1) Victim Advocate; (2) Behavior Health Staff; (1) Intake Staff; (1) Contract Aramark Food Service Worker (1) Agency Contract Monitor; and (3) Staff who perform risk screening for victimization or abusiveness.

The auditor selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. No new staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor also viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

On the second day of the onsite visit, the auditor selected and examined a sampling of inmate files and observed documentation of the inmate receiving PREA education, as well as documentation of risk screenings

Sampling techniques for interviews with inmates from each housing unit was selected by a random selection of inmates from the various housing units via a current daily roster for Skype and onsite interviews. The auditor selected and examined a sampling of inmate files and observed documentation of the inmates receiving PREA education, as well as documentation of risk screenings.

Through review of the inmate rosters, 32 inmates were interviewed. Thirty inmates were the requirement due to the base count of 681 inmates. Nineteen random inmates and 13 targeted group inmate interviews were conducted. The following targeted groups of inmates were interviewed: 1 - Gay; 1 Transgender; 2 - inmates who reported sexual victimization during risk screening; 1 - who reported sexual abuse; 1 - vision impairment; 1 – voice box; 4 - physical disabilities; 1- LEP; 1-blind. There were no inmates at DSNF who were identified as the following: youthful inmate; bi-sexual; inmates with a cognitive disability; inmate in segregated housing for high risk of sexual victimization. All inmates interviewed during Skype and in person interviews acknowledged receipt and understanding of their rights and responsibilities regarding the facility policies and PREA standards. Each was aware of numerous methods to report PREA allegations that included but not limited to the PREA Hotline numbers and/or to staff. All

acknowledged receiving PREA training that included the PREA video, “PREA: What You Need to Know.”

The auditors selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. The personnel files are in the Human Resource Office. No staff is hired until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor also viewed signed acknowledgement of staff documenting that the staff understood the PREA training received.

There were 33 reported allegations for sexual abuse and /or sexual harassment reported from January 1, 2019 – December 31, 2019. Twenty-nine allegations of sexual harassment and 4 allegations of sexual abuse. The auditor was provided all cases for selection of review. The review of these case files identified they were very well organized while also possessing the inmate documented notification of findings, sexual assault incident reviews and retaliation monitoring for applicable cases. All investigative cases were conclusive in determining the finding of the investigations.

The auditor later conducted an exit briefing with Correctional Administrator Kevin Myers, Warden James M. Holloway, Associate Warden (T) Holly B. Smith, Associate Warden of Security Corvelli Haynes, Office of Inspector General Director of Compliance Kimberly Gulden, Office of Inspector General State-wide PREA Coordinator Blake Pollock, DSNF PCM Gary Hatfield, Chief of Security Fredrick Estes, Fiscal Director Kevin Hedge and OIC Institution Investigator Dale Loudin. The facility was thanked for their hospitality and all the assistance and cooperation they provided during the pre-audit, and onsite audit. Discussion included general observation and preliminary findings. The post audit phase was described and the timeliness of any further requested documents as determined to be needed. The auditor acknowledged staff on their preparedness for the audit, organization skills, professionalism of staff, positive interaction with the inmate population, expression of trust from the inmate population to address their PREA related concerns and staff and inmate knowledge of PREA education provided. Staff was also thanked for their teamwork in the scheduling of many staff and inmate interviews conducted via Skype due to the global pandemic of COVID-19. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised staff of their requirement to post the final report on the agency/facility website once completed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Lois M. DeBerry Special Needs Facility of the Tennessee Department of Corrections (TDOC) is a minimum – maximum security facility located ten miles from Downtown Nashville, Tennessee at 7575 Cockrill Bend Blvd, Nashville, TN. 37243. The facility was opened in 1992 and houses inmates with multiple and complex medical problems. The Cumberland River flows along the facility's west boundary, and the Riverbend Maximum Security Institution is located immediately south of the facility. The facility has a total of 854 beds. The inmate population count on the first day of the site visit was 681.

Lois M. Deberry Special Needs Facility mission is identified as is to provide quality health and intensive mental health care in a setting that: (1) Ensure a safe and secure environment for staff and inmates. (2) Provides physical and mental health services to inmates in a humane environment, always respectful of their rights and needs as patients. (3) Ensure compliance to TDOC Policies and ACA Standards guaranteeing we exceed the standards established in the community for quality of care thus setting the standard for Correctional Health.

The number of staff employed at DSNF who have contact with the inmate population is 516. There were 121 staff hired between January 1, 2019 - December 2019. The facility has 3 contracts for services who may have contact with the inmate population. There are 55 individual contractors who have contact with the inmate population and 115 volunteers who have contact with the inmate population. However, due to COVID -19 visitors and/or volunteers have not been allowed to enter the facility effective the second week of March 2020 through the date of this report. The security staff are assigned to two 12 hours shifts. Their hours of work are 6:00 a.m. - 6:00 p.m. and 6:00 p.m. – 6: 00 a.m.

Since the last previous DSNF PREA audit conducted in 2017, a new dialysis center was built to replace the previous one. The new building was designed to increase the amount of services and meet the medical needs for the inmate population. The new building was designed to have 24 beds rather than the previous dialysis center which had 12 beds. Fourteen cameras were installed in the new diagnostic center for video monitoring. The facility has 377 cameras to assist in the prevention and detection of sexual abuse and sexual harassment.

The DSNF houses a wide range of inmates from those with acute medical conditions or mental health issues, to offenders who have a terminal illness and require palliative care, and/or who have serious illness or are recovering from surgery. The facility also cares for mentally challenged inmates. The monthly in and out turnover of inmates at the facility is about 250 for medical and/or mental health services. On a monthly basis 26 – 27 individuals identified as Safe Keepers who have not yet been sentenced are admitted to DSNF throughout the state for medical and/or mental health services in addition to other TDOC inmates

for medical and mental health services and those to be served warrants for outstanding charges. The facility also maintains an inmate support work cadre of 244 inmates.

The facility has a working relationship with the local community and have developed contracts in offering programs and services for the inmate population. The 90 medical and behavior health staff at DSNF consist of both contract and TDOC employees. A TDOC contract with Corizon assist in providing services for mental health. A TDOC contract with Centurion aids with medical services. A contract with Aramark was established to provide food service needs with 10 staff assigned to the roster during the onsite visit.

Of the 14 buildings that make up the facility 11 are sited inside the rectangular shaped secured compound. The three building outside the fence are the Administration building housing the Warden's office, Human Resources, Fiscal Affairs, Training, staff locker rooms and the check point for pedestrian entry to the compound. Upon entry into the administrative building, visitors must present valid identification, clear a scanner, walk through metal detector, and pat search and complete a body temperature check.

Building 2 is designated for programs, visitation, and security

Building 3/ Unit 3 is designated for the inmate workers and has 64 Beds / Minimum Trustee to Minimum Restricted – Inmate Workers

Building 4 is a 92 Beds / Minimum Trustee to Medium – Inmate Workers / Incentive Unit

Unit 5 has two pods. 64 Beds / Minimum Trustee to Medium – 5A SOTP/5B Tennessee Department of Transportation Work Release

Unit 6 is a 64 Beds / Min. Restricted to Close (Level 4 mental health patients – Supportive Living Unit (SLU))

Unit 7 is the mental health unit for DSNF. When an inmate within TDOC is in need crisis stabilization they are generally transferred to DSNF to unit 7C which is the acute mental health unit. Once the inmate has been discharged from crisis stabilization, they are moved to Unit 7D in a transitional phase. As the inmate progress through the mental health program, they are moved to Unit 7A which has increased intensive mental health therapy and then finally to Unit 7D where they receive more intensive mental health therapy along with beginning the transition back to general population . Unit 7F is not part of the mental health program. It serves as the segregation unit for DSNF. Unit 7 has a 160-bed capacity. All cells in Unit 7 are single man cells.

Unit 8 is a 118 Beds / Minimum Trustee to Max / Transit - the medical transient unit with 64-beds.

Unit 9 is 72 Beds / Minimum Trustee to Max / Health Center and Emergency Room

Unit 10 is a 32 Beds /Minimum Trustee to Close Medical Rehabilitation with 32-beds

Dialysis Center operates with 14 beds for patients.

Building 11 contains the laundry and inmate kitchen

Building 12 is composed of the commissary, warehouse, maintenance, and pharmacy.

Unit 15 has two pods A and B. A Pod – 88 Beds / Minimum Trustee to Medium – Inmate Workers / Incentive Unit. B Pod – 100 Beds / Minimum Trustee to Close – Geriatrics/Assisted

Medical, dental, and behavior health services are available for the inmate population. Medical care is available 24 hours a day, seven days a week for all inmates.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.11: Zero Tolerance of sexual abuse and sexual harassment; 115.17 Hiring and Promotion Decisions; 115.31 Employee Training; 115.34 Specialized Training: investigations; 115.41 Screening for risk of victimization and abusiveness

Standards Met

Number of Standards Met: 39

115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.33 Inmate Education; 115.32 Volunteer and contractor training; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.65: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse; 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86. Sexual abuse incident reviews

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams)
3. TDOC Index 502.06 PREA Implementation, Education and Compliance
4. DSNF Organizational Chart and TDOC Organization Chart
5. DSNF Index 502.06.2-1 PREA Allegations, Investigations, and SART
6. Interviews with:
 - a. PREA Coordinator
 - b. PREA Compliance Manager

115.11(a) The agency and facility have a comprehensive written policy that mandates zero tolerance toward all types of sexual abuse and sexual harassment. Index TDOC.502.06 states that the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in their facility. The Directive includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment that are consistent with PREA standards. The Directive also outlines sanctions for those that have participated in prohibited behaviors in the facility.

In addition to TDOC Index 502.06 PREA Implementation, Education and Compliance. The Department also developed TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams). This policy outlines the duties and responsibilities of staff designated to serve on an organized and structure team responsible for developing and maintaining a program of prevention, detection, response, investigation, and tracking of sexual assaults and the persons involved. The Head of Agency Designee, Warden and State-wide PREA Coordinator indicated monthly PREA walks, meetings, and reports are conducted in accordance with TDOC policy and inspection standards such as why an incident occurred in a particular area, and what corrective actions could be applied if applicable. SART review security equipment and submit recommendations for mirrors and video placement that would serves as a level protection for inmates from sexual assault or sexual abuse during the monthly walk through. A work order is submitted as needed and is required to be completed within 30 days of submission. The designated victim advocates are also members of the SART.

115.11(b) The agency has designated a State-wide PREA Coordinator, who is assigned the duties of overseeing the agency's efforts regarding PREA in all its facilities. The agency's organizational chart

was reviewed. The chart shows the State-wide PREA Coordinator's position reports directly to the Commissioner. The auditor interviewed the State-wide PREA Coordinator and confirmed that he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11(c) The facility has a PREA Coordinator who is the Associate Warden (T) who reports directly to the Warden. The organizational chart also identifies an on-site PREA Compliance Manager (PCM) who is responsible for ensuring the facility's compliance with PREA standards. The facility's organizational chart was provided for review. The chart shows the PCM position as a dedicated position who reports directly to the Associate Warden/Treatment. The auditor interviewed the PCM and confirmed that he has time to oversee the facility's efforts to comply with the PREA standards. Interviews with the inmate population confirmed they felt comfortable approaching the PCM, Warden and/or other staff with any PREA concerns

Based on the review of policies, organization charts, duties, and responsibilities of the SART and interviews it is determined DSNF exceeds in meeting the mandate of compliance of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)

2. Interviews with the following:

a. State-wide PREA Coordinator/ Agency Contract Monitor

DSNF does not contract for the confinement of its inmates. However, the Tennessee Department of Corrections does have 4 contracts for the confinement of inmates, and all are monitored by Contract Monitoring Division within the Office of the Inspector General.

Based on the interviews, it was determined TDOC has demonstrated compliance with the standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☒ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. TDOC Index 506.22 Security Staff Assignments
4. DSNF Annual Staffing Review
5. Post Assignment Rosters
6. Logs of unannounced rounds
7. Lois M. Deberry Special Needs Facility Staffing Plan
8. Observation while on-site
9. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Intermediate or Higher-Level Staff

115.13(a) TDOC Index 502.06 states the requirements of a facility staffing plan that provides for the adequate levels of staffing and monitoring to protect inmates against sexual abuse. These requirements contain the eleven requirements stated in this provision. This review shall be completed on the PREA

Annual Staffing Review form CR-3964. The Lois M. Deberry Special Needs Facility Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan was based on 854 inmates. Interviews with the State-wide PREA Coordinator, Warden and PCM indicated that the facility does develop and comply with a staffing plan as outlined in TDOC Index. Furthermore, it was indicated that the facility does consider each element of provision and that upper level administration as well as the State-wide PREA Coordinator review the staffing plan. Per the Warden video monitoring was given great consideration in calculating adequate staffing levels and determining the need for video monitoring for each element in provision (a). Fourteen cameras were added since the previous PREA audit. These cameras were installed in the new Diagnosis Center. Audio is also available on some of the cameras throughout the facility that aid in the reduction of PREA allegations and assist investigative staff in determining the findings of cases.

115.13(b) TDOC Index 506.22 indicates the Critical and Non-Critical post. The facility staffing plan is developed with minimum operation staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan. The daily rosters identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Per an interview with the Warden, he explained he reviews the staffing roster daily prior to signing off on the them to Central Office. He continued in stating only non-critical post are authorized to be vacated. Critical post positions are never vacated even with a shortage of staff. Numerous staff have been hired to fill the vacancies and if necessary, overtime would be authorized to fill the critical post. Thus far, there has not been any deviations from the staffing plan. However, policy require deviations from the staffing plan to be documented on the daily roster with an explanation. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution.

115.13(c) TDOC Index 502.06 states that by July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. TDOC Index 506.22 states that the Warden shall identify on each post assignment schedule all critical posts. Posts that are critical to the security of the institution must be filled on each shift. The staffing plan review is documented on an agency-wide standardized form. DSNF provided a copy of the Staffing Plan. The Plan was reviewed on June 10, 2019. The form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator. Interviews with the State-wide PREA coordinator, Warden and PCM indicated that the facility does conduct a staffing plan review at least annually.

115.13(d) TDOC Index 502.06 indicates that each PREA Site Coordinator and/or PCM shall ensure that an unannounced PREA-free walk (inspection) is conducted monthly in accordance with the PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted to identify and deter sexual abuse and sexual harassment. The Security Shift Corporal and above, Unit Managers, and Administrative Duty Officer shall conduct and document unannounced rounds. The unit logbook shall be annotated with Unannounced PREA Inspection/Security Check when signing into the housing units. The auditor reviewed the logbooks in all housing units for the previous 12 months and confirmed unannounced rounds were conducted not least than once on each shift by supervisory staff. The documentation of unannounced rounds was noted in red ink. Confirmation of supervisory rounds were

also provided during their interviews. Each supervisor stated they alternate their rounds schedule and route regularly that prevents staff awareness of supervisory staff approaching their housing unit and/or work site.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14.2 Housing, Programming of Youth Inmates
3. Observation during onsite tour
4. Interviews with the following:
 - a. Warden
 - b. PCM

Review of the PAQ, policy and interviews confirmed the facility does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, Compliance
3. TDOC Index Personal Hygiene for Inmates
4. TDOC Index 506.06 Searches
5. TDOC Index 113.37 Gender Dysphoria
6. TCA Lesson Plan- Personal Searches
7. Training records
8. Observation while on-site
9. Interviews with:
 - a. PCM
 - b. Random staff
 - c. Inmates

115.15(a) TDOC Index 502.06 states that security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. TDOC Index 113.37 states that should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. TDOC Index 506.06 Searches states that routine strip searches and/or visual body cavity searches will occur in authorized areas. Searches based on reasonable suspicion require the Warden's authorization. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. DSNF houses male inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search or visual cavity search other than medical staff.

115.15(b) TDOC Index 506.06 states, "Female correctional officers may frisk search inmates of both genders". Male correctional officers may only frisk search male inmates. Discussion with staff and on-site observations verified that DSNF utilize both male and female to conduct frisk search and only male

staff to conduct visual searches of the male inmates. Interviews with staff and inmate population confirmed female staff does not conduct a visual search on a male inmate.

115.15(c) Body cavity searches require prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Inmate interviews did not indicate any occurrence of cross-gender viewing by staff during a strip search or visual cavity search.

115.15(d) DSNF Index 502.06.2-1 states, “Staff of the opposite sex announce their presence when entering a housing unit. Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit. This practice was observed during the tour. Additionally, during interviews with 32 inmates they all acknowledged the female staff always announce themselves when entering the housing unit. Staff interviews also confirmed it is a common practice of the female staff announcing themselves prior to entering the housing units. There were no inconsistencies in this practice identified. During the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have shower doors and curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. Inmates indicated during interviews stated they were not able to be viewed by opposite gender staff when using the toilet, showering, or changing clothes. An interview with an inmate identified as transgender confirmed privacy was given when taking showers due to the construction of the showers.

115.15(e) TDOC Index 506.06 Searches regarding strip searches of transgender and intersex inmate’s states, “A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate’s genital status.” If an inmate’s status is unknown it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed reported that the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There was 1 inmate who identified himself as transgender and no inmates identified as intersex. The inmate identified as transgender confirmed there was never an incident in which he felt the search was conducted in an unprofessional manner or for any reason outside of policy.

115.15(f) TDOC Index 506.06 defines the term “Frisk Search” as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects.” Policy notes that frisk searches may be conducted by female staff on male inmates. Likewise, policy also states, “Males shall not conduct searches of females” except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff. The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be

consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. There was 1 inmate who identified as transgender and no inmates who identified as intersex at the facility during the Skype interview process and/or during the onsite visit for interview. There were no exigent circumstances identified in the past 12 months that required a cross gender visual search by female staff on a male inmate.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 Title VI – Limited English Proficiency (LEP)
4. DSNF LEP Program Plan
5. Translation Services Documentation and Contract
6. Observation while on-site
7. Interviews with:
 - a. Agency head
 - b. Random staff
 - c. Inmates

115.16(a)(b) TDOC Index 502.06 states staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision. Agency policy also requires that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. TDOC Index 103.10.1 policy indicates that an assessment during the intake process will determine if the inmate requires language or literacy assistance. The review of "Plan for Providing Inmates with Limited English Proficiency Access to Programs and Activities (As required by the Civil Rights Act of 64) outlines the specifics for ensuring methods are identified for communicating with inmates who are LEP. The plan identifies the duties of staff within the various facility departments to include but not limited to medical/mental health services, classification assignment and hearing; disciplinary procedures, grievance procedures, education /programs, housing assignment, court appearances, and parole hearings. The plan list outside agencies that are available to provides a variety of services for inmates with a range of disabilities to include LEP. A list of bilingual staff is identified within the plan and updated as needed. The inmate will be offered Language Identification Guide to make the determination. An interpreter will be provided through utilization of institution staff, volunteers, or contract interpreters to determine the extent of their proficiency. Staff document the provision of an interpreter by name on E-TOMIS Contact Notes (LCDG). At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Sign language services are available through Statewide Visual Communication Services. An Interagency agreement between the

State of Tennessee Department of Corrections and Tennessee Foreign Language Institute has been established for the contractor to provide qualified language interpreter services for non-English speaking inmates. These services are available as needed for the inmate population. The auditor interviewed inmates with the following disabilities and/or LEP: 1 identified as LEP; 1 with low vision; 1 with a voice box; and 4 with physical disabilities. Each reported being given information regarding sexual abuse and sexual harassment in formats they were able to understand.

115.16(c) TDOC Index 502.06 states, “Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate’s safety, the performance of first responder duties, or the investigation of an inmate’s allegation. Contact Note LCDG shall be posted identifying the name of the assistor and their organization. During interviews, staff indicated they were aware that inmate interpreters should not be used regarding a PREA allegation. The auditor presented a variety of scenarios to random staff during the interview process. The 15 random staff reported they do not allow an inmate to translate for another inmate and would not do so for a report of sexual abuse and/or sexual harassment. A bilingual staff would be utilized and if not available the available translation services would be used by the Shift Commander.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 301.04 Job Requirements
3. TDOC Index 502.06 PREA Implementation, Education and Compliance
4. TDOC PREA Self Declaration Form
5. TDOC PREA Questionnaire for Prior Institution Employees
6. Hiring and Promotional Records
7. Criminal History Background Records Check Documentation
8. Interviews with:
 - a. PREA Coordinator

b. Administrative (Human Resources) Staff

115.17(a) TDOC Index 301.04 states all applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with inmates shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standards which states the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates, promotions, contractors, and volunteers are performed locally. Human resources staff verified that the agency prohibits the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision. One hundred twenty-one new employees were hired for employment at DSNF for the review period. Records indicated that applicants are required to complete a Self-Declaration questionnaire regarding all the elements of this standard. Ten personal files were reviewed and confirmed the completion of background checks prior to their employment at the facility.

115.17(b) TDOC Index 301.04 states, “The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.” Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources staff indicated this also true for contractors. One hundred twenty-one new hires and 51 promotions was conducted between January 1, 2019 - December 31, 2019. Ten new hires and 5 promotional records were reviewed. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment.

115.17(c) TDOC Index 301.04 indicates that a NCIC criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees. HRD staff will make efforts to contact all prior institutional employers of new employees utilizing the CR-3962 PREA Questionnaire for Prior Institution Employers. The auditor’s review of staff personnel files confirmed a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

115.17(d) TDOC Index 301.04 states before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor’s employees who may have contact with an inmate.” Per an interview with the HRM, she explained during the background check for contract workers, the contract worker reports to an outside vendor to complete their fingerprints. The information collected goes directly to the Tennessee Bureau of Investigation and possibly the Federal Bureau of Investigations (FBI). The HRM stated contract staff background checks are conducted in July annually. The Chaplain conducts background checks for volunteers entering the facility under the religious service programs.

115.17(e) TDOC Index 301.04 indicates that each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check annually during the employee’s birth month. Per the HRM, background checks are conducted initially and annually during the staff’s member birth month.

115.17(g) TDOC Index 301.04 indicates that a material omission regarding conduct described in this directive or providing materially false information may result in disqualification from further

consideration for employment and shall be grounds for termination of employment. Additionally, the Self-Declaration Application Form states I hereby certify that to the best of my knowledge and belief, all the information I provide in this form is true, complete, and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered later.”

115.17(h) TDOC Index 301.04 states that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute. An interview with the HRM confirmed the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work upon receiving a question are from another correctional facility. The questionnaire is forward to the facility investigator for completion. Upon completion, the questionnaire is returned to the inquiring facility by the HRM. The staff member seeking employment must give prior approval before the questionnaire can be forward for inquiry of their previous employment.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated they exceed in the requirement to conduct background investigation at least every 5 years. Specifically, TDOC policy require and the facility ensures a background check is completed every year on all staff during their birth month. Additionally, on a yearly basis each staff member is required to sign a new Self Declaration form.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 108.01 Facility Construction, Renovation, and Physical Plant Maintenance
3. Observation
4. Interviews with:
 - a. Warden
 - b. Agency Head Designee

115.18(a) TDOC Index 108.01 states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse. The Warden explained a new diagnosis center had been added on the facility grounds since the last PREA audit. The new diagnosis center was designed to hold 24 inmates rather than 12 inmates at the older building. The previous building is now utilized for other programs and events. Fourteen cameras and numerous mirrors was strategically installed. He explained during the development of planning, great consideration was given for security, meeting the needs of services provided, inmate and staff safety with consideration of PREA requirements to relevant blind spots.

An interview with the Agency Head Designee indicated when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, ACA and PREA standards are given consideration. All recommendations are processed through the chain of command to the Commissioners. She continued in stating the Commissioner does not approve the recommendations without communicating with the Director of Compliance with the Office of the Inspector General and reviewed by the State-wide PREA Compliance Manager of the Office Inspector General. Additionally, a budget has been awarded to add and upgrade cameras throughout all TDOC facilities.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Office of Investigation and Compliance Evidence Protocol #005
3. Memorandum by Warden
4. TDOC Index 502.06.2-1 PREA Allegations, Investigation and Sexual Abuse Response Team (SART)
5. DSNF Index 502.06.2-1 PREA (SART)
6. MOU with The Sexual Assault Center
7. PREA First Responder PREA Allegation Procedures
8. Investigation Files
9. Interviews with:
 - a. OIC Institution Investigator
 - b. Warden
 - c. OIC Special Agent

115.21(a) TDOC Index 502.06.2 and DSNF Index 502.06.2-1 state it is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115).

115.21(b) TDOC employs investigators who have received special training in conducting sexual abuse investigations in confinement settings. The OIC Special Agent shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. The OIC Special Agents are authorized to conduct both administrative and criminal investigations. The TDOC website was reviewed and the policy was posted on the agency website. Interviews with both the OIC Institution Investigator and OIC Special Agent indicated all allegations of sexual abuse and sexual harassment are investigated. TDOC Index 502.06.3 outlines that if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensic exam at no cost to the victim.

115.21(d) TDOC has a Memorandum of Understanding with The Sexual Abuse Center to provide victim advocacy services. The Sexual Abuse Center provide advocacy services, and as an agency for reporting PREA allegations of sexual abuse and sexual harassment. DSNF has two staff members who have completed training to service as a victim advocate for the facility. Their names and positions are identified as such on all bulletin boards accessible to staff and the inmate population. The DSNF uses the local hospital (Nashville General Hospital – MeHarry) for forensic examinations and they also provide a victim advocate. An interview with the Charge Nurse at the outside hospital explained SANE/SAFE Nurses are not regularly on duty but the Sexual Assault Team is on call 24/7 to provide the

services. Interviews with Warden, OIC Institution Investigator, OIC Special Agent and the PCM indicates there have been no forensic exams performed in the last 12 months.

115.21 (e) DSNF identifies two staff who have received proper training to serve as a victim advocate. A review of a PREA Information Packet stated if requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews with a qualified victim advocate, a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role or a non-Department community-based organization representative who meets the criteria for a Department employee. The DSNF PCM indicated TDOC has a Memorandum with the Rape Crisis Center in Nashville that provide certified rape counselors that would be used as a victim advocate for the inmate population. The Charge Nurse at the Nashville General Hospital MeHarry stated a volunteer victim advocate is contacted to provide services to the victim and is on call 24/7 to provide emotional support, crisis intervention, information, and referrals as needed for victims to include TDOC inmates.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation and SART
3. DSNF Index 502.06.2-1 PREA Allegations, Investigation and SART
4. PREA PAS Tracking log (PREA Allegation System)
5. Investigation Files
6. Interviews with:
 - a. OIC Investigative Staff
 - b. Warden

115.22(a) TDOC Index 502.06.2 states, "It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner. The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and Sexual Abuse Response Team (SART), which includes medical and behavioral

health practitioners, institutional investigator, and facility leadership. These investigations shall be conducted within 72 hours of receiving the allegation. Interviews with the OIC Institution Investigator and OIC Special Agent indicated normally the initial investigation begins on the day of the reported allegation. There were 34 PREA allegations reported from January 1, 2019 – December 21, 2019. There were 33 administrative investigations and 1 criminal investigation conducted. The criminal case for sexual abuse has been referred prosecution and is still pending. Per interviews with the Agency Head/Designee, Warden and 2 OIC Investigators all PREA allegations to include sexual abuse to include those reported by third party, anonymously, verbally, drop note and all investigated in the same manner.

An interview with the Agency Head Designee indicated TDOC conduct both administrative and criminal investigations. An Office of Investigations and Compliance Institution Investigator is assigned at every correctional institution to conduct administrative investigations and the Office of Investigation and Compliance Agents conduct criminal investigation. All PREA allegations are required to be documented and uploaded in the system within 24 hours of being reported. There are times when the District Attorney's Officer will accept a criminal case for prosecution but not all criminal cases are accepted.

115.22(b) Interviews were conducted with the Warden, OIC Institution Investigator and OIC Special Agent noted that every allegation of sexual abuse or sexual harassment is investigated by Investigators and Agents employed within the Tennessee Department of Corrections. The OIC Special Agents has the legal authority to conduct criminal investigation, regardless if the allegation does involve potentially criminal behavior. He continued in stating when an OIC Institution Investigator determines there is a possibility of criminal charges within a reported allegation, the case is referred to the OIC Special Agents for investigation. Upon completion of the criminal case, the OIC Special Agent contact the State Assistant District Attorney for prosecution.

115.22(c) TDOC is responsible for investigations of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 110.05 In-Service Training
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. TCA PREA Training Lesson Plans
5. PREA Training records and Rosters
6. Interviews with:
 - a. PCM
 - b. Training Staff
 - c. Random staff

115.31(a) TDOC Index 502.06 states, "The Tennessee Correction Academy (TCA) will be responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment shall be approved by TDOC State-wide PREA Coordinator and TDOC General Counsel. Five hundred sixteen staff were employed at DSNF during the review period. Each of those employees was required and received PREA training that are noted in standard 115.31 (a).

115.31 (b) (c) PREA training is part of the annual training curriculum. TDOC utilizes the TCA PREA lesson plans. The lesson plan is tailored to both the male and female inmate population. The lesson plans cover the 10 topics specified in this provision.

A review of staff training records was performed to confirm staff completed the required PREA training. Random staff interviews indicated that in-service training is provided annually and that PREA is part of this training. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Training staff indicate that all staff are required to complete training annually. Anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. As of September 2019, seasoned staff are scheduled to complete in-service PREA training on-line. New hires continue to complete PREA training during their orientation in Day 1 CORE Training. Those staff who do not have access to a computer and/or need to be relieved from your assigned duty post, are scheduled weekly for the computer lab. The auditor presented staff with a variety of scenarios during the interview process. The 15 staff selected for random interviews and all specialized staff spoke with confidence and was very competent in their responses during their interview about their knowledge of PREA training.

115.31(b) TDOC Index 502.06 states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.” Training is designed for officers to be able to function in both female and male facilities. DSNF houses male inmates; however, staff may transfer to any facility in the system.

115.31(c) The Department shall provide each employee with refresher training annually to ensure that all employees know the Department’s current sexual abuse and sexual harassment policies and procedures. DSNF PAQ indicates that 100% of staff have received PREA training. A random selection of 30 staff PREA training confirmed all had received prior PREA training.

115.31(d) TDOC Index 502.06 states, “The TCA Department and facilities shall document, through employee signature or electronic verification that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated exceeds in compliance of this standard. The facility provides refresher PREA training for employee annually rather every two-year requirement. Additionally, PREA education on bulletin boards and throughout the institution and staff responses during the interview process confirm the commitment of DSNF to TDOC policies and the Department of Justice PREA standards with continuous PREA education.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 110.01 Pre-Service (Basic) Training and Employee Orientation
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. TDOC Volunteer Orientation & Training Manual
5. PREA Training records and Rosters
6. Interviews with:
 - a. PCM
 - b. Contractors

115.32 (a), (b) TDOC Index 110.01 states that part-time employees, volunteers, contract staff and other transferring employees NEO; part-time employee, volunteer, contract staff and employee who are permanent transferring from one location to another shall receive a minimum of 20 hours of work site orientation appropriate to their assignment. The TCA Curriculum for PREA will be used. TDOC Index 502.06 states that employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the contractor and approved by TDOC. The Director of Contracts Administration shall ensure that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards. Per the PCM, staff and contractors (Centurion, Corizon and Aramark) attend in-service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact receive the pre-service training. Per the PAQ, DSNF has 84 contract staff and 115 volunteers that have contact with the inmate population. The auditor reviewed a sample of documentation which indicated contractors and volunteers received training based on the services they provide and level of contact they have with inmates.

115.32(c) Each volunteer and contractor receive their training at the facility. Training acknowledgement for volunteers and contractors is documented through signature on CR-3965 notating that they understand the training received. Contract staff attend the Non-Academy Pre-service Orientation training for new employees and attend annual in-service training with TDOC staff in Day 1 CORE Training.

Contract medical staff confirmed they also receive PREA training on-line from Centurion and Mental Health/Behavior Health confirmed they also receive PREA training on-line through Corizon. Food Service staff who are contracted through Aramark indicated they receive annual PREA training during in-service and on-line at TDOC. The initial PREA training for contract staff is during new hire training. Each of the contract staff was very knowledgeable of TDOC policy against sexual abuse and/or sexual harassment and how to report it. Medical and behavior health staff explained they have further roles in their official positions as a within those departments upon the report of sexual abuse.

An interview with the Chaplain indicated she provides PREA training annually during recertification. The volunteers receive training on the Department's zero tolerance of sexual abuse, sexual harassment, and retaliation on those who report such actions. The volunteers are informed on their responsibilities as a first responder. Signed acknowledgment of PREA is required. Due to COVID-19 and restricted entry into the facility, no volunteers have been allowed entry since March 2020. The auditor identified a selection of volunteers from a roster for interview, but they were not available for interview.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. DSNF Inmate handbook
6. PREA Sexual Assault Awareness Brochure (English and Spanish)
7. Inmate PREA Orientation Receipt
8. Observation on site
9. Interviews with:
 - a. PCM
 - b. Intake Staff
 - c. Classification staff
 - d. Random inmates

115.33(a)(b) (c) TDOC Index 502.06 states that all inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake at the diagnostic

centers. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All inmates receive PREA education from staff assigned in intake. An interview with Intake staff confirmed they advise every inmate upon their arrival of PREA education on their right to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse and/or sexual harassment. They inform the inmates on how to report sexual abuse through the PREA Hotlines at *9555 or *9222 or by telling a staff member.

Upon an inmate arrival to their housing unit, the Intake Counselor issue an Inmate Handbook that explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This includes temporary assigned inmates held at DSNF for court appearance, medical and/or mental health services, ordered by a Judge for mental health evaluation and from county jails. These inmates are held short term at DSNF such as 3 days to 1 ½ months. Those inmates whose length of stay at the facility is for 30 days or more, are shown the PREA video "PREA: What You Need to Know" by the Intake Counselor during orientation.

TDOC Index 103.10 states that inmates will be provided orientation information in formats accessible for all inmates. Additional PREA education is provided to the inmate population during orientation conducted by the counselors in the housing unit. This training is always conducted within 30 days of their arrival. Inmates are shown a 16-minute PREA video titled "PREA: What You Need to Know." The inmates are required to sign orientation acknowledgement indicating that they understand the information provided. The 32 inmates interviewed indicated they received the PREA education in various methods to include inmate handbook, by intake staff, a PREA pamphlet and/or observance of the PREA video after arrival and/or during orientation. The inmates also mentioned the PREA information that is posted on the bulletin boards and signage on the walls and on the inmate, telephones providing them with the internal and external PREA Hotline numbers to report PREA allegations. Random files were selected for the purpose of evaluating intake records. A review of inmate file documentation indicates that 100% received comprehensive orientation within 30 days of their arrival.

115.33(d) (e) TDOC Index 103.10 and TDOC Index 502.06 states, "The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. One inmate identified as LEP was interviewed and stated he was provided PREA information in the Spanish language he was able to understand. One inmate with low vision and 4 others with various disabilities indicated they were provided with PREA education in a manner they could understand with no difficulty. Interpreting services for inmates who are identified as LEP receive assistance from bilingual staff and or the use of approved translation service identified by TDOC. Documentation of the Interpreting services made available to an inmate is documented in E-TOMIS Contact Note LCDG. Random file reviews indicated that inmates sign the orientation acknowledgement forms for receipt of PREA education during the comprehensive orientation.

115.33(f) PREA information was observed to be continuously and readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of the inmate handbook that provided an extended section of PREA education.

Based on the review of policies, inmate files, inmates' interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation, and SART
3. TDOC Index 107.01 Office of Investigation and Compliance Unit Authority, Responsibility, Personnel Selection and Training
4. Documentation of Specialized Training for Agency Investigators
5. Interviews with:
 - a. OIC Institution Investigator
 - b. OIC Special Agent

115.34(a) TDOC Index 502.06.2 states that where the allegation of alleged sexual misconduct involves sexual abuse, the investigation shall be conducted within 72 hours of receiving the allegation. The OIC Institution Investigator is assigned to the SART and have received specialized training related to conducting sexual abuse investigations in a confinement setting. OIC Special Agents are contacted immediately when circumstances warrant further actions pursuant to criminal findings. OIC Special Agents gather and preserve direct and circumstantial evidence and interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Upon completion of training OIC Institution Investigator and OIC Special Agents are issued a certificate of completion indicating they have successfully completed training in conducting PREA investigations. OIC Special Agent completed training provided by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confined setting through the National Correction Institution (NIC).

DSNF has an OIC Institution Investigator who conducts administrative investigation and an OIC Special Agent is assigned to conduct criminal investigations. During an interview, the OIC Institution Investigator indicated in addition to completing the NIC course Conducting Sexual abuse Investigation in a confined setting and he also received training from the Tennessee Bureau of Investigation.

Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. He indicated that all administrative investigations completed in the past 12 months were conducted by him as an Institution Investigator and the criminal investigations are completed by an OIC Special Agent. Training records indicate that the OIC Special Agent and OIC Institution Investigator both completed the appropriate training.

115.34(b) An interview with the OIC Special Agent indicated the specialized training for the OIC Special Agents is through the Tennessee Police Training Academy, Tennessee Bureau of Investigations, and the Tennessee Law Enforcement Academy. The lesson plan is intended for use with Department personnel assigned to investigate an allegation of misconduct that involves a sex related offense. This training gives participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act. This includes the definition, purpose, and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations.

The State -wide PREA Coordinator provided PREA Investigation Training by utilization of a Power Point to the all TDOC staff assigned the following position: OIC Special Agents, TDOC Institution Investigators, TDOC Associate Wardens of Treatment, TDOC PREA Compliance Managers, CoreCivic Associate Warden of Treatment, and CoreCivic Investigators. The training consisted of an 18-slide presentation that discussed the role of the investigator and provided numerous scenarios as table-top activities for discussion on conducting thorough PREA investigations and the determining findings of the scenarios. The training also allows less experienced investigators the opportunity to interact and gather knowledge from more experience investigators. The formation of investigative files was also a topic during the training. In addition to the investigators receipt of the training, the Associate Wardens of Treatment gained knowledge of the PREA investigative method as some had no experience in the review of PREA investigations in their prior roles. The State-wide PREA Coordinator also serve as the Monitoring Agent for CoreCivic. To be consistent with TDOC policies regarding PREA investigations, it was beneficial to the agency to include the CoreCivic investigators and CoreCivic Associate Wardens of Treatment on the training for a clear understanding of the standard, consistency in conducting PREA investigations and the maintenance of the investigative files.

115.34(c) The PREA Audit Manual states, “The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.” The auditor reviewed training records and certification of the OIC Special Agent and OIC Institution Investigator completed specialized training for conducting sexual abuse investigations in a confined setting.

Based on the review of training lesson plans, training records, interviews and analysis, the facility has demonstrated a level of exceeding in the compliance with all the provisions of this standard. The facility goes beyond the standard requirement of specialize training for investigators of sexual abuse allegations performed by the facility, Tennessee Bureau of Investigations, Tennessee Police Academy, NIC on-line courses, and special session conducted by the State-wide PREA Coordinator, DSNF exceeds in the provisions of this standard. The inclusion of the Associates Wardens and CoreCivic personnel in the investigative training strength their knowledge and understanding of the investigative process and review of case files.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. TDOC Index 502.06.3 Medical, Mental Health, Victim Advocacy, and Community Support Services for PREA Victims
4. PREA Resource Center Lesson Plan – Specialized Training for Medical/Mental Health Care Standards
5. Training Certificates
6. Training records
7. Interviews with:
 - a. Medical and Behavior Health Staff

115.35(a) TDOC Index 502.06 states all full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in: how to prevent, detect, and respond to acts of sexual abuse or sexual harassment. Medical and mental health staff consist of TDOC and contract employees with Corizon or Centurion. All staff must complete the Department's PREA training and specialized training. Contractor (Corizon or Centurion). The training curriculum Medical and Mental Health Care Standards Presentation was reviewed. This information covers the agency's zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to

report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and behavioral health staff they indicated they received PREA training from both DSNF and on-line through their contracting agency. A review of the lesson plan confirmed the trainings covered the topics required by this provision. The auditor also reviewed training documentation.

115.35(b) DSNF does not conduct forensic medical exams at the facility. All forensic examinations are performed off-site at a local medical facility, Nashville General Hospital MeHarry in Nashville, TN.

115.35(c) (d) The auditor reviewed training records showing all medical and mental health staff attended and passed the TDOC PREA training.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☐ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a) TDOC Index 502.06.1 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the TDOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Screening System Application (PAS) located on the TDOC intranet to assess an inmate's risk of sexual victimization and risk of sexually abusing other inmates. A random sample of 30 inmate PREA Screening System forms was selected for review. 100% of the sample was screened using the PREA Screening form. The initial 72-hour risk screening assessment is completed upon arrival to DSNF by the intake staff and/or the transit counselor. The transit counselor conduct the 72-hour risk assessment on inmates who report to DSNF for medical and/or mental health. If the inmate is designated to DSNF upon his arrival the inmate's assigned counselor would conduct the 30-follow-up reassessment. Due to the global pandemic of COVID -19, there were no inmate incoming traffic during the onsite visit for observation of the intake and/or screening for risk of victimization and abusiveness by the intake counselor. However, the Intake Counselor explained in detail the intake process upon an inmate's arrival. The screening is conducted in a private setting. Interviews with the classification and unit management teams indicate that the PREA Screening System is utilized to conduct screening for the risk of sexual victimization and abusiveness. Overall inmates interviewed reported being asked questions related to the PREA Screening System form.

DSNF goes beyond the requirement of this standard in the performance of risk screening for victimization and abusiveness of the inmate population. Every inmate who depart the facility for an outside medical trip and/or court appearance who return on the following day after departure receive a new screening for risk of victimization and abusiveness. An example is if an inmate departed the facility on August 20, 2020 at 4:00 p.m., to a local medical facility and return on August 21, 2020, at 12:01 a.m., staff will perform a new screening for risk of victimization and abusiveness. The State-wide PREA Coordinator explained this procedure was put in place to offer an additional safety measure for the inmate population while allowing the inmate to report any concerns or occurrences of sexual abuse and/or sexual harassment while away from the facility.

115.41(b) TDOC Index 502.06.1 directs that classification or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application within 72 hours of arrival at a facility. The PAQ indicated that 954 inmates had been admitted with a stay longer than 72 hours. A review of screening forms show compliance with the 72-hour requirement. A majority of the PREA Intake Screening forms reviewed were completed on the day of arrival.

115.41(c) TDOC Index 502.06.1 requires authorized users to utilize the PREA Screening System Application located on the TDOC intranet. User security access to this system is authorized by the Associate Warden of Treatment. The PREA Screening System Application form is the agency-approved standardized screening instrument. Copies of the Tennessee Inmate Management Information System (E-TOMIS system) PREA Screening form was provided with the PAQ in addition to those of random selected inmates completed forms. The PREA Screening form assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate inmate risk of victimization factors and risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record.

115.41(d) The auditor reviewed the screening instrument and instructions and found that it addresses nine of the criteria required by this provision. The PREA Screening System Application does not consider whether the inmate is detained solely for civil immigration purposes. However, documentation indicates that the TDOC does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Screening System Application revealed that it does consider all the criteria required by this provision.

115.41(f) TDOC Index 502.06.1 requires unit management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility using the PREA Screening Application. A random sample of 30 inmate PREA Screening Application forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. 100% of the PREA Intake Screening forms reviewed were compliant with the 30-day requirement. The PAQ indicated that DSNF admitted 453 inmates whose stay was longer than 30 days. Staff who perform risk screening reassessments indicated that re-assessments are conducted within 30 days of arrival at the facility. The Intake Counselor who conducted the risk screening confirmed 30-day follow-up risk assessment are normally conducted at 14 business days after allowing the inmate to become comfortable at the facility and with staff. The re-assessments are conducted not more than 30-days after the inmate's arrival. The Transit Counselor conduct the 72 hour and 30 day on inmates who report to DSNF for medical and/or mental health. If the inmate is designated to DSNF after his arrival the inmate's assigned counselor would conduct the 30-follow-up reassessment. An interview with staff assigned to conduct risk screening indicated, if an inmate arrive at the facility for temporary assignment such as transit for medical or mental health care, or an receipt of an issued a warrant from other TDOC facilities, and their stay at DSNF will be longer than 30 days the inmate will be reassessed. If the inmate continues to stay at the facility for 60 days, another reassessment is completed. During this time, the inmate will be removed from temporary transit status at DSNF and will be designated at DSNF. The vast majority of the 32 inmates interviewed did recall being asked questions associated with the PREA Intake Screening form a second time.

115.41(g) TDOC Index 502.06.1 requires unit management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Screening System Application is utilized to conduct any re-assessment. Staff who perform risk screening indicated that a re-assessment is conducted upon receiving information that an inmate has been abused, harassed, or something has changed regarding the initial assessment. Staff assigned to conduct PREA risk screenings indicated she began reviewing the inmate's criminal history, physical built, age and any prior history of sexual victimization and/or abusiveness prior to the inmates' arrival and adjust during the interview with the inmate. She continued in stating she conduct an additional risk screening upon receipt of new information.

115.41(h) TDOC Index 502.06.1 states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed reported an inmate is not disciplined for refusing to respond or not disclosing complete

information and stated most inmates are cooperative and provide responses. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.

115.41(i) TDOC Index 502.06.1 indicates that screening information is strictly need-to-know. Access to the PREA Screening System Application is controlled through authorized user security access. Unit Management staff will ensure screening information is entered in the PREA Screening System Application, E-TOMIS. Per the State-wide PREA Coordinator, Counselors have access to conduct the risk assets but cannot review the responses in E-TOMIS after the input is upload. The Counselors can only observe the inmate's score once uploaded.

Per an interview with the State-wide PREA Coordinator, a weekly report "Monitoring Due Report" is automatically forward to each TDOC institution via E-TOMIS that is automatically generated to the PCM, Associate Warden (T), Chief Counselor and himself. The monitoring of victims and aggressors are conducted every 90 days for a minimum of 12 months, and each require approval by the State-wide PREA Coordinator for removal. The victim may request removal prior to 12 months of completion however, this option of removal from monitoring is not available to an aggressor. Negative conduct, additional sexual abuse allegations are some of the circumstances that may prolong an aggressor monitoring to extend beyond 12 months.

The practice of staff performing an additional screening for risk of victimization and/or abusiveness for all inmates who depart the facility and their return to the facility is the following day as an additional safety measure for the inmate population exceeds the provisions of this standard. Therefore, based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance at an exceed level of this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14 Housing Assignments
3. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
4. TDOC Index 113.37 Gender Dysphoria
5. TDOC Index 112.08 Personal Hygiene Resources for Inmates
6. DSNF Index 112.08.1 Personal Hygiene Resources for Inmates

Interviews with:

- a. Agency Head Designee
- b. PREA Compliance Manager
- c. Intake staff
- d. Counselors
- e. Inmates

115.42(a) TDOC Index 502.06.1 states, “Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and identifies as a sexual aggressor or prior sexual victims are under the supervision the unit management/Associate Warden/Deputy Superintendent/Designee. Housing, cell assignments, work, education, and program assignments shall be made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. The facility does not house victims and abusers together. Staff who perform screening reported inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. Inmates who are at risk of victimization and those who are at risk of abusiveness are identified in the E-TOMIS system. Staff receives notification that these inmates are incompatible and the E-TOMIS system will not allow the inmates to assigned to jobs and/or cell assignment together.

115.42(b) TDOC Index 502.06.1 states no inmate will be double celled until the required screening has been completed. Inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification.

115.42(c) TDOC Index 502.06.1 states that decisions to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments are made on a case by case basis. A review of the PREA Screening System Application form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PCM indicated placement and programming assignments for transgender and intersex inmates are reviewed with the unit management team. An interview with an inmate identified as transgender indicated he has not been assigned to the placement and/or program assignment based on him being identified as transgender. There were no inmates assigned at DSNF during the Skype and/or in person interview process.

115.42(d) TDOC Index 502.06.1 indicates that placement for inmates identified as transgender or intersex shall be considered on a case-by-case basis. The identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate. The inmate’s own views with respect to his safety shall be given serious consideration. There was one inmate identified as transgender and no inmates identified as intersex. A review of the 6 months reassessments for the inmate identified as transgender confirmed the requirements were within the provision of this standard. Staff assigned to perform risk screening indicated placement of inmates identified as transgender or intersex would be considered on a case-by-case basis only.

115.42(e) TDOC Index 502.06.1 indicates that a transgender or intersex inmate's own view with respect to personal safety shall be seriously considered. Staff who perform risk assessment indicated although she has not had an inmate identified as transgender or intersex on her caseload, the inmate’s concerns for

their personal safety would be given consideration. There was 1 inmate who identified himself as transgender to the auditor and no inmates who were identified as intersex.

115.42(f) TDOC Index 112.08 and DSNF Index 112.08-1 indicate that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex inmates would be given the opportunity to shower separately from other inmates. Staff who perform screening for risk assessments indicated all showers at the facility are in individual staff with concrete walls between each showers with doors and curtains and in some cases both, therefore, inmates who identify as transgender and/or intersex would allowed to shower separately. At the request of a time difference in showering, the request would be granted. In the Health Care unit north and south sides showers in in the inmates' cell.

115.42(g) TDOC Index 113.37 Gender Dysphoria states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely based on such identification or status. One inmate who identified himself as gay and one who identified himself as transgender indicated the facility does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings. The Warden and DSNF PCM indicated the facility do not house inmates identified as gay, bisexual, transgender, or intersex inmates in dedicated units or wings. Direct observation corroborates staff and inmate interview results.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
5. Inmate Files
6. Interviews with:
 - a. Warden
 - b. Staff who supervise segregation

115.43(a) TDOC Index 502.06.2 states that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241 shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. This housing assignment shall not ordinarily exceed a period of 30 days. The PAQ noted and Warden confirmed there have been no inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing, but this practice is not applicable to DSNF. The facility does not use involuntary segregated housing for inmates determined to be at a high risk of victimization. The SART would become aware of the situation and a move would be made to a different housing unit and at a last resort a transfer would be initiated. An interview with staff who supervise inmates in segregated housing also confirmed the facility does not use involuntary segregated housing for inmates who are identified at a high risk of victimization. An inmate who alleges to be a victim would have to request protective custody for placement in segregated housing, the placement in segregation would not be involuntary.

115.43(b) TDOC Index 502.06.2 states that inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited, the duration of the limitation, and the reasons for such limitations. This shall be documented on LCDG Contact Notes. An interview with staff who supervise inmates in segregated housing indicated no restriction are imposed on inmates. However, restrictive housing is not utilized for inmates for at high risk of sexual victimization.

115.43(c) The PAQ noted that no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated involuntary

segregated housing is not used for inmates at high risk for sexual victimization. Staff utilize other methods to include making alternate housing arrangements within other housing units or transfer if needed as 50% of the inmate population is mental health.

115.43(d) An interview with the Warden dedicated the facility does not use involuntary segregated housing for inmates who are determined to be at a high risk of victimization. However, policy does provide guidance in TDOC Index 502.06.2 which states that if an extension is necessary, the SART member shall clearly document in the PREA Allegation System application the basis for concern for the inmate's safety; the reason why no alternative means of separation can be arranged; and the need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations.

115.43(e) TDOC Index 502.06.2 states that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. In an interview with the Warden, he was aware of the requirement for 30 days reviews, however, the facility does not utilize involuntary segregated housing for an inmate who has been identified at a high risk for sexual victimization. An interview with staff who supervise inmates in segregated housing indicated the alleged victim would remain on the compound and the alleged abuser would be placed in segregated housing pending an investigation.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. MOU Between TDOC and The Sexual Assault Center
4. TDOC Website

5. PREA Tip line Posters

6. PREA Posters

7. Inmate Handbook

8. Interviews with:

a. Random staff

b. PCM

c. Random Inmates

115.51(a) TDOC Index 502.06.2 states the Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. These include but are not limited to: (a) written communication (includes electronic documents); (b) Reporting directly to staff (Verbally); (c) Third-party reporting; or (d) Facility PREA Tip Line. The Inmate Handbook and posters contain information on how to report sexual assault. Random inmate interviews indicate all inmates were aware of the reporting options available. They indicated there is signage on the walls and on each inmate telephone on how to report allegations of sexual abuse and/or sexual harassment to the PREA Hotline and calling the hotline number was a common response. Random staff interviews indicate that all staff were aware of the internal and external reporting options available to the inmates and themselves.

115.51(b) TDOC Index 502.06.2 indicate inmates can make a report of sexual abuse or sexual harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. A Memorandum of Understanding Between the TDOC and the Sexual Abuse Center was established. The agreement includes the Sexual Abuse Center maintaining available crisis counseling through the organization's crisis hotline at any time and/or 24-hours a day. This information is made available through the Inmate Handbook and on the inmate's, bulletin boards in the housing units.

DSNF does not house inmates detained solely for civil immigration purposes.

115.51(c) TDOC Index 502.06.2 indicates that all staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, even if not part of TDOC. Inmates also have access to a toll-free hotline number which will refer any reports for investigation. The 32 inmates selected for interview were able to identify there are two PREA hotline numbers to the auditor as *9222 internal and *9555 for external reporting. Each indicated the hotline numbers were posted throughout the facility and on each inmate telephone. Inmate interviews indicated the majority knew of at least two methods they could report sexual abuse or sexual harassment whether verbally, in writing, anonymously or via third parties. All random staff reported inmates could report sexual abuse or sexual harassment either by the PREA Hotline, verbally, in writing, anonymously, and via third parties. Staff indicated that they would document verbal reports of sexual abuse or sexual harassment immediately and/or definitely prior to departing from their shift.

115.51(d) TDOC Index 502.06.2 indicates that staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (*9555). Interviews with random staff

indicated they are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline and notifying a supervisor as the primary ways to make a private report of sexual abuse or sexual harassment. The auditor noted that all staff carry a PREA Refresher Card on their ID Badge.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 501.01 Inmate Grievance Procedures
3. Interviews with:
 - a. PREA Coordinator
 - b. Grievance Officer

115.52(a) TDOC Index 501.01 indicates that the agency has an administrative remedy program that may be used to file an allegation of sexual harassment or sexual abuse. It states that an inmate may submit a grievance alleging sexual abuse at any time. Per the PAQ, and interviews with the PCM and Grievance Chairperson there were no grievances alleging sexual abuse filed by inmates during the review period. All information received in relation to sexual abuse and/or sexual harassment would immediately be submitted to the Associate Warden (T) who forwards it to the OIC Institution Investigator for an immediate investigation. All correspondence with the inmate would be conducted by the OIC Institution Investigator. Per the OIC Institution Investigator, the allegation is required to be logged in the PREA

Allegation System (PAS) within 24 hours and the investigation is required to be completed within 72 hours. The inmate is notified of the findings of the investigation upon completion of the investigation within 3 days of being reported.

115.52(b) TDOC Index 501.01 states applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse.

115.52(c) TDOC Index 501.01 states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint.

115.52(d) TDOC Index 501.01 states a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment and Deputy Superintendent within 90 days of the initial filing of the grievance. Computation of the 90-day limit shall not include time used by inmates in preparing the grievance. The inmate shall be notified by the Associate Warden of Treatment if an extension is needed. At any level of the grievance if the inmate does not receive a response within the time allotted to reply, including any extension, the inmate may consider the absence of a response to be a denial at that level.

115.52(e) TDOC Index 501.01 states that third parties shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse and shall also be permitted to file such grievances on behalf of the inmate. If a third-party file such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed and document such on the Inmate Grievance form. The inmate shall be required to personally pursue any subsequent steps in the grievance process. The inmate may decline to have the grievance processed on his/her behalf and the decision shall be documented on the original Inmate Grievance. Per the PAQ and DSNF PCM there were no grievances alleging sexual abuse filed by inmates during the review period in which the declined third-party assistance.

115.52(f) TDOC Index 501.01 states that after receiving an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance to the Associate Warden of Treatment for any corrective action to be taken. The grievance chairperson will provide a response within 48 hours and a final decision within five calendar days. Per the PAQ and DSNF PCM there were no emergency grievances alleging substantial risk of imminent sexual abuse filed during the review period. However, the initial response and final decision would be provided within the PAS and shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.52(g) TDOC Index 501.01 states that an inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith. An interview with OIC Institution Investigator explained although policy allow disciplinary sanctions of inmates who file the grievance in bad faith, no inmates have received disciplinary actions for this action.

Interview with the DSNF and review of the PAQ indicates that DSNF has not had any grievances or emergency grievances filed regarding PREA issues. Based on random interviews with inmates at DSNF, they are aware of the grievance process and that they could file an emergency grievance. This is

explained in the Inmate Handbook and is posted on the PREA posters. Grievance boxes are available in housing units for inmates to submit such.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
4. MOU with The Sexual Assault Center
5. TDOC Inmate Handbook
6. Interviews with:
 - a. Random staff
 - b. PREA Coordinator

115.53(a) The PREA Audit Manual states, "Services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." TDOC has an agreement with The Sexual Assault Center to provide victim advocacy services. DSNF has 2 staff trained to serve as a victim advocate as needed. These staff names are posted on inmate bulletin boards.

115.53(b) The PREA Audit manual states, "(b) Each Department facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." TDOC has an agreement with the Sexual Assault Center to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided by the Sexual Assault Center providers. TDOC has staff trained in each facility to act a victim advocate. Upon arrival inmates are provided the PREA Brochure which describes services available. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. Each inmate upon arrival to DSNF is given an Inmate Handbook which outlines PREA reporting and response. Inmates are provided comprehensive education about PREA during the Inmate PREA Orientation. A noted on the inmate's telephones states "Sexual Assault Center: The call will be confidential and TDOC will not record the conversation *95555 or 615-259-9055".

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.06.2 PREA Allegations, Investigations, and SART
3. DSNF Inmate Handbook
4. TDOC website
5. Interviews with:
 - a. PCM
 - b. Random Inmates

115.54(a) TDOC Index 502.06.2 states, The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. It indicates that third-party reporting is

included in the ways to report. It states this information shall be made available through the Inmate Handbook. DSNF Handbook indicates that any DSNF employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. The reported incident may be in writing, verbal, anonymous or from third parties. Interviews with staff confirmed they were aware of the various methods reports of sexual abuse and/or harassment could be report while noting the identified.

The auditor reviewed the agency's website. It contains the necessary PREA contact information. The information provided on the website includes a Tip line for third-party reporting of sexual abuse and sexual assault at (615) 259-9055.

Interview with inmates revealed that most were aware that a third-party could report a sexual assault allegation such as a family member, friend, or another inmate.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC TCA Lesson Plan
4. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Medical Staff

e. Random staff

d. OIC Institution Investigator

115.61(a) TDOC Index 502.06.2 states, All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In interviews with staff and inmates they reported they are aware of their requirement and duty to report. Staff carry a PREA refresher card on their badge with reporting guidelines. The 15 random staff selected for interview and facility specialized staff indicated they would immediately report to the Shift Commander and complete a documented report of their awareness to include from third-party as soon as possible and always prior to departing from their shift.

115.61(b) TDOC Index 502.06.2 states staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. TDOC utilizes a PREA Allegation System (PAS) on their intranet. Select staff have access. Staff interviewed was aware of the extent in which information of sexual abuse and/or sexual harassment should be shared only with authorized staff necessary to make treatment, investigation and other security and management decisions.

115.61(c) TDOC Index 502.06.2 states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." Interviews confirmed that medical and mental health staff are aware of their duties required by this provision and this information is shared with the inmate upon the initiation of services.

115.61(d) The PREA Audit manual states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." TDOC received guidance from Adult Protective Services which indicates that TDOC may investigate within their facilities. DSNF only houses male inmates 18 years of age or older.

115.61(e) TDOC 502.06.2 states, Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the OIC Institution Investigator for an investigation. Per the OIC Institution Investigator, he conducts a thorough investigation of all PREA allegations in the same manner regardless of how the incident is reported.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Random staff

TDOC Index 502.06.2 states "If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The auditor interviewed random and specialized staff. They all stated that they would remove the inmate from the area of threat and notify the Shift Commander. Staff to include contract and volunteers are issued and carry a PREA Refresher Training card on their badge which list the steps to take to protect an inmate. The facility stated in the PAQ that there has been no instance where an imminent threat was reported.

An interview with the Agency Head Designee indicated upon receipt of information that an inmate is subject to a substantial risk of imminent sexual abuse, the inmate would be immediately removed from danger, the incident would be investigated and the appropriate steps would be followed. The alleged aggressor would be placed in segregation throughout the investigation and upon completion, the alleged

aggressor would be moved to another housing unit or transferred to another prison. Aggressors and victims are monitored for further incidents.

The Warden indicated the inmate at substantial risk of imminent sexual abuse, will be immediately separated and an investigation would be initiated. The alleged aggressor would be moved to another housing unit as 50% percent of the inmate population are mental health As a last resort an inmate would be transferred.

The auditor used a variety of scenarios when interviewing staff regarding their action to this standard. Each staff interviewed responded appropriately and stated they would immediately remove the inmate subject to a substantial risk of imminent sexual abuse and notify their supervisor.

Based on the review of policies, documents, lesson plan, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA allegation logs and files
4. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. OIC Institution Investigator

115.63 (a) TDOC Index 502.06.2 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred. In interviews with the Warden and PREA Coordinator they indicated that they would make the notification immediately.

115.63 (b) TDOC Index 502.06.2 indicates that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. In an interview with the OIC Institution Investigator, he stated upon notification that an incident had previously occurred at DSNF, he would investigate.

115.63(c) TDOC Index 502.06.2 states the facility shall document that it has provided such notification. The OIC Institution Investigator indicated the notification would be made via email and telephone call.

115.63 (d) TDOC Index 502.06.2 states “The Warden who receives such notification shall ensure that the allegation is investigated in accordance with TDOC policy. Interview with the Warden indicated that she would ensure the notifications are made and documented. According to the PAQ, in the past 12 months, the facility has not received any notifications where allegation occurred at another facility and no notifications that an inmate was abused while confined at DSNF by another facility. Per interview with the Warden and OIC Institution Investigator any allegation reported would be investigated to include those reported by another institution.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. DSNF Index 502.06.2-1 PREA Allegations, Investigations, and SART
4. TDOC TCA Lesson Plan on PREA
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff

115.64(a) TDOC Index 502.06.2 and DSNF Index 502.06.2-1 indicate that the first security staff on scene of an alleged sexual abuse shall separate the alleged victim and abuser. The security staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the alleged sexual abuse occurred within a 72-hour period of reporting, the security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776. Interviews with a security and non-security staff confirmed their knowledge of first responder duties during the interview process.

115.64(b) TDOC Index 502.06.2 states, “If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander. All staff interviewed, including non-custody staff, were aware of their responsibilities as first responders. All reported they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. All staff are trained as first responders and wear a pocket card on their badge that list the steps to take when responding to an allegation that an inmate was sexually abused. There were no reported allegations where a security and/or security staff served as a first responder duties were required during a reported PREA allegation. The sexual abuse cases which resulted in criminal actions was not reported within 72-hour that would have allowed staff to collect evidence and secure the scene.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. DSNF Index 502.06.2-1 PREA Allegations, Investigations, and SART
4. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Random staff

115.65 TDOC Index 502.06.2 and DSNF Index 502.06.2 states, The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and SART, which includes medical and behavioral health practitioners, OIC Institutional Investigator, and facility leadership. The purpose of this policy is to establish standardized procedures to request, approve, and govern the actions; reporting procedures; and authority of the TDOC regarding PREA investigations and the role of the Sexual Abuse Response Teams (SART). DSNF Index 502.06.2-1 includes a section on First Responder duties to include a PREA First Responder Checklist which, lays out the steps of the plan of action for first responders. All staff interviewed were aware of the steps of the action plan and all carry a PREA refresher card on their badge if needed.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. Tennessee Code Annotated 50-1-207
3. Interviews with:
 - a. Agency Head Designee
 - b. PREA Coordinator

115.66(a) The PREA Audit Manual states, "Neither the Department nor any other governmental entity responsible for collective bargaining on the Department's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff

sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”

TCA Code 50-1-207 states “Prohibition against requiring any employer or employee to waive their rights under the National Labor Relations Act or require acceptance or agreement to any provisions that are mandatory or non-mandatory subject of a collective bargaining under Federal law. The Agency Head designee reported that TDOC does not have a union. TDOC has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency’s ability to remove employee sexual abusers from contact with inmates.

Based on a review of the code, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☐ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Retaliation Monitoring forms for Staff and Inmates
4. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Staff charged with Monitoring

115.67 (a) TDOC Index 502.06.2 indicates that inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmates) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff. DSNF has designated the two Behavior Health staff to monitor retaliation.

115.67(b) TDOC Index 502.06.2 indicates that the facility shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Per interviews with the Agency Head Designee and Warden, there are multiple options available to protect inmate and staff from retaliation.

115.67(c) (d) TDOC Index 502.06.2 states, “ For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members shall act promptly to remedy any such retaliation. TDOC Index 502.06.2 also states that monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. This monitoring shall include, but not be limited to inmate disciplinary reports; inmate housing or programming changes; or negative performance reviews or reassignments of staff. The auditor reviewed the Retaliation Monitoring forms that includes inmate name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a

designated spaces for documenting retaliation monitoring of 30 days, 60 days, and 90 days, in addition to areas for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. The auditing team reviewed the retaliation monitoring for 5 reported PREA allegations that included sexual abuse and sexual harassment. Due to PREA investigations are normally initiated immediately upon awareness of the allegation, retaliation monitoring had not begun and was not required for Unfounded reported PREA allegations. No one was placed on extended monitoring for the past 12 months for retaliation monitoring.

Based on the review of policies, retaliation forms, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager

c. Special Housing Supervisor

115.68 (a) TDOC Index 502.06.2 indicates that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241, shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations. This is documented on LCDG Contact Notes. Per the PAQ and interviews with the Warden, staff who supervise segregation and PCM, there were no inmates who allege to have suffered sexual abuse placed in involuntary segregated.in the past 12 months.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Allegation Documentation Checklist
4. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff
 - f. OIC Institution Investigator and OIC Special Agent

115.71(a) The PREA Audit Manual states, "When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively

for all allegations, including third-party and anonymous reports.” TDOC Index 502.06.2 states in part, that sexual abuse investigations in confinement settings shall be investigated promptly, thoroughly, and objectively, including third-party and anonymous reports. There were 34 administrative and criminal allegations of sexual abuse/harassment reported by inmates during the review period.

115.71(b) The PREA Audit Manual states, “where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.” TDOC Index 502.06.2 states a SART member who have received special training in conducting sexual abuse investigations in confinement settings shall investigate. The OIC Institution Investigator is a member of the SART and conduct all administrative investigations of alleged sexual abuse and sexual harassment. The OIC Institution Investigator refer all investigations that could result in criminal charges to the OIC Special Agent for investigation. Training records noted the completed investigations were completed by an investigator who had received specialized training.

115.71(c) TDOC Index 502.06.2 indicates that OIC Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of investigation files demonstrated that the investigators utilized all available evidence and data.

115.71(d) The PREA Audit Manual states, “When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.” TDOC Index 502.06.2 states, “when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An interview with the OIC Special Agent indicated he has communicated with the State Assistant District Attorney based on the circumstances of the cases.

115.71(e) TDOC Index 502.06.2 states, “The credibility of a victim, suspect, or witness, shall be assessed on an individual basis, and shall not be determined by the person’s status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation.” Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Investigators interviewed stated that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate would be required to submit to a polygraph examination.

115.71(f) TDOC Index 502.06.2 indicates that administrative investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. A review of administrative investigations and sexual abuse incident reviews demonstrated the OIC Institution Investigator and SART team members include a review to determine the effect of staff actions or failures as it pertains to the reported allegation. An interview with both the OIC Institution Investigator and the OIC Special Agent confirmed they include

detailed information in the investigative report if staff 's actions or lack of responsibilities contributed in facilitating the abuse.

115.71(g) TDOC 502.06.2 states that criminal investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. Copies of all documentary evidence shall be attached where feasible. Interviews with both investigative staff and the review of 1 criminal investigative file show compliance with this standard. There were 4 sexual abuse cases. Two were determined as unfounded; one was determined as unsubstantiated and the last was determined to be substantiated. This substantiated sexual abuse case was referred for criminal prosecution.

115.71(h) TDOC Index 502.06.2 states, "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. A review of criminal investigation files show compliance with this standard. One sexual abuse criminal case was referred for prosecution after being determined substantiated by the investigating OIC Special Agent.

115.71(i) TDOC Index 502.06.2 states that such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years. This practice was confirmed by the OIC Institution Investigator and OIC Special Agent.

115.71(j) TDOC Index 502.06.2 states that the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. Review of investigative files and interviews with both the OIC Institution Investigator and OIC Special Agent confirmed although staff resigned during an investigation, the investigation continues to include the arrest and prosecution of staff when applicable. The alleged abuser could be requested to report to the facility for an interview or the investigative staff may report to the alleged abuser home. The substantiated sexual abuse case involved a contract worker who was terminated prior to the completion of the investigation. The investigation also continues if an inmate is transferred or released to include the alleged victim and/or alleged aggressor.

115.71 (k)(l) The Office of Investigations and Compliance is part of the Tennessee Department of Corrections and conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Investigation files
4. Interviews with:
 - a. Warden
 - b. OIC Institution Investigator and OIC Special Agent

115.72(a) TDOC Index 502.06.2 states, "The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." A review of the investigation documents indicates that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Per interviews with the OIC Special Agent and OIC Institution Investigative a preponderance of evidence is the standard necessary to substantiate an allegation of sexual abuse and/or sexual harassment.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Status Notification CR-3984
4. Interviews with:
 - a. Warden
 - b. PCM
 - c. OIC Institution Investigator and OIC Special Agent

115.73(a) TDOC Index 502.06.2 states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing as to whether the allegation has been determined to be substantiated or unsubstantiated or unfounded. There were 4 administrative and/or criminal investigations of alleged inmate sexual abuse completed by the facility during the 12-month review period, and for each investigation the victim was notified. Each investigative file contained a copy of the notification to the inmate of the findings of the investigation. The notification was signed and dated by the investigator and inmate to include those investigations that was determined to be unfounded.

115.73(b) The agency conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73(c) TDOC Index 502.06.2 states that following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; and

the staff member has been convicted on a charge related to sexual abuse within the facility. There 4 reported allegations of sexual abuse during the review period. One inmate-on-inmate investigation was determined as unfounded; 1 staff-on-inmate sexual abuse allegations determined as unfounded; 1 staff on inmate determined as unsubstantiated and 1 staff on inmate sexual abuse report to be substantiated. The review of the investigative files confirmed the inmates were informed in writing of the findings of the investigations. The substantiated sexual abuse of staff on inmate was for referred for criminal prosecution. This case remained pending for prosecution during audit process. The inmate was informed by investigative staff that the staff member identified as the abuser had been indicted on a charge related to sexual abuse within the facility.

115.73(d) TDOC Index 502.06.2 indicates that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing whenever the facility learns that an alleged abuser has been indicted on a charge related to sexual abuse within the facility. There was one reported allegation of inmate-on-inmate sexual abuse in the past 12-months of the audit review period. The investigative findings determined the allegations to e unfounded.

115.73(e) TDOC Index 502.06.2 states that all notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification becomes part of the allegation file. If the inmate refuses to sign the acknowledgement, a staff witness is required to sign. The investigative staff will document the inmate's refusal to sign for acknowledgment of notification. Interviews with the Investigative staff and the Warden indicated that both were aware of the agency requirement for notifications to be made by Investigative staff. The auditor reviewed the investigative files and confirmed the inmate did sign as receipt of notification of the investigative finding.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden

115.76 (a-d) TDOC Index 502.06.2 states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity

was clearly not criminal) and to any relevant licensing bodies. Per interview with the Warden, staff are disciplined based on the outcome of sexual misconduct and/or sexual harassment investigation. The facility would use progressive discipline for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Based on the review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Index 115.01 Standards for Volunteers and Coordination of Community Involvement
4. TDOC Volunteer Orientation & Training Manual
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Contact staff and volunteer

115.77(a), (b) TDOC Index 502.06.2 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and if found to have engaged in sexual abuse or sexual harassment of an inmate shall be prohibited from further contact with any inmate. TDOC Index 115.01 states that if after investigation it is necessary to limit the services of a volunteer, the approving authority shall notify the volunteer in writing of such action. The approving authority may restrict a volunteer to entering only the assigned TDOC location which shall be designated as the volunteer's primary site. The approving authority may terminate the services of a volunteer, and such termination shall apply to all institutions. There were no allegations of sexual abuse and or sexual harassment alleged against volunteers during the 12-month review period.

Per interview with the Warden, any allegation against a contractor or volunteer would result in prohibiting that individual from entering the facility during the investigation. If substantiated the individual would be terminated and subject referred to criminal prosecution and reported to relevant licensing bodies if applicable.

Per the Warden and OIC Investigator 1 contract employee was terminated due to a substantiated case of sexual abuse in the past 12 months of the review period. At the conclusion of the investigation the contact employee was terminated, and the case was referred for criminal prosecution.

Based on the review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Shift Commander

115.78(a) TDOC Index 502.06 states, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Per the DSNF PAQ, OIC Institution Investigator, DSNF PCM and review of DSNF PREA Allegation Tracking Spreadsheet, there were no inmate-on-inmate substantiated sexual abuse cases in the past 12 months of the audit review period. No inmates received disciplinary sanctions and/or was referred for criminal prosecution. Per an interview with the Warden, he indicated an inmate would be subject to disciplinary sanctions to include disciplinary segregation, followed by an increase in security scoring, transfer to another correctional facility and if criminal charges were sustained, the inmate would be referred for criminal prosecution.

115.78(b) & (c) TDOC Index 502.06.2 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Per an interview with the Warden he indicated sanctions for disciplinary would be as noted in this provision.

115.78(d) TDOC Index 502.06.2 states, If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

115.78(e) TDOC Index 502.06.2 states an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact." A staff on inmate sexual abuse investigation was determined to be substantiated. The contract staff member was terminated and referred for criminal prosecution, however the inmate did not receive any disciplinary sanction.

115.78(f) TDOC Index 502.06.2 states, "For the purpose of disciplinary action, a report sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute

falsely reporting and incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation." There no incidents in which an inmate received disciplinary action in accordance with this provision.

115.78(g) TDOC Index 502.06.2 states, "Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. In the past 12 months of the review period there were 1 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. The findings of this investigation were determined to be unfounded. Therefore, there was no criminal findings of guilt of inmate-on-inmate sexual abuse inmate-on-inmate.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to

inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC Index 113.84 Clinical Assessments, Mental Health Appraisals, and Psychological Testing
4. Corizon Guidelines for Sexual Assault
5. PREA Intake Screening forms
6. PREA Mental Health Referral
7. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical and Behavioral Health Staff
 - c. Intake staff
 - d. Inmates that disclose during PREA Screening

115.81 (a) (b) (c) TDOC Index 502.06.3 states that, "If the screening process indicates that an inmate has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 14 days of the screening. TDOC Index 113.84 states that each mental health appraisal conducted as part of the initial classification or reclassification process shall be documented on Mental Health Intake Appraisal, CR-3772. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The auditor also randomly reviewed 4 inmate files to further verify referrals were made and were completed within 14 days. The facility provided the referral screening forms for review. It showed that the inmates meet with a mental health practitioner within 7 days of the initial screening.

Interviews with Behavior Health staff and the review of documented referral confirmed the inmates were seen by Behavior Health staff within 7 days after the referral was made. The date of the completed referral is documented in E-TOMIS. Inmates that reported prior sexual victimization indicated upon requesting for mental health services they were seen within a week and as soon as the same day.

115.81(c) DSNF is not a jail.

115.81(d) TDOC Index 502.06.3 indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and programs assignments, or as otherwise required by Federal, State, or local law. Per interview with the PCM, he indicated that the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments.

115.81(e) Corizon Policy on Procedure in the Event of Sexual Assault says that, " medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. TDOC Index 502.06.3 states that Medical and Behavioral Health providers shall obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from inmates before reporting any knowledge or suspicion of sexual abuse.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. CORIZON Health PREA Training Lesson Plan

4. Medical/Mental Health Follow-up log

5. Interviews with:

a. PCM

b. Medical staff/ Behavior Health Staff

c. Non-Security 1st Responder

d. Inmates who disclosed during risk screening

115.82(a) TDOC Index 502.06.3 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Interviews were conducted with the Health Services Administrator, Medical Physician, and the Behavior Mental Health Supervisor. Each indicated victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Once the report is received, the inmate would be seen immediately. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs such as first aide type, ice bandages etc., necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination as applicable. The inmate would receive continued medical treatment as needed upon the inmate's return from the outside hospital. They also verified that the nature and scope of the treatment and crisis intervention services are determined by their professional judgment, medical protocol, and mental health recommendations. The victim would receive follow-up services as needed but not less than 30, 60 and 90 days for medical services and continued counseling and therapy from mental health staff. A pharmacy at the facility assist in providing access to the continuation of medication needs. Due to the mission of the facility in providing mental health and medical care for inmates throughout the TDOC services are provided by a master level of staff.

115.82(b) TDOC Index 502.06.3 states, "If no qualified medical staff are on duty at the time of a report of a recent abuse is made, a correctional officer trained to render first aid may help as needed." Medical staff are on duty 24/7 at DSNF and medical services are provided as needed. All staff selected for interviews were aware that medical staff would be notified of reported PREA allegations. Their description of actions taken included notifying the Shift Commander and medical staff while keeping the victim safe and separated from the abuser.

115.82(c) TDOC Index 502.06.3 indicates that inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and as medically appropriate. CORIZON Health has a policy which addresses the requirement of this provision which says that "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases. DSNF reported there were no instances in where a test for sexually transmitted infections and/or sexual transmitted infections prophylaxis was warranted during the 12-month review period.

115.82(d) TDOC Index 502.06.3 indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with medical staff also verified that the services would be provided at no cost.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.03 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. CORIZON Health Policy on Sexual Assault
4. Medical/Mental Health Follow-up log
5. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical staff and Behavior Health Staff

c. Inmates who reported sexual assault/abuse

115.83(a) TDOC Index 502.06.3 addresses the requirements of this standard. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 7 days of the screening. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. CORIZON Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff they stated that they would ensure the victim is stable and then follow treatment plans per the physician or local hospital. An interview with behavior health staff said they would meet with the victim immediately upon becoming aware and offer supportive counseling.

115.83(b) TDOC Index 502.06.3 indicates that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TDOC facilities offer follow-up services within the correctional facilities. Per the Medical Director, a case manager would discuss follow-up services upon an inmate's release for medical and mental health services.

115.83(c) Interviews with the Health Services Administrator, Medical Physician and Behavior Mental Health Supervisor indicated the level of care provided to the inmate population is nothing less than equal to the level of care within the communities and in some cases in an excess.

115.83(d) & (e) DSNF houses male inmates. This provision is not applicable.

115.83(f) TDOC 502.06.3 states that inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. Per the Medical Physician, victims of sexual abuse have access to these services with a follow-up every 30, 60 and 90 days.

115.83(g) TDOC Index 502.06.3 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per the Medical Director, the victim would not incur any financial cost for treatment services. There were no instances within the provision of this standard during the past 12 months of the audit.

115.83(h) TDOC Index 502.06.3 states that all facilities shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history. They shall be offered treatment when deemed appropriate by behavioral health providers. In interview with staff who perform risk screening for victimization or abusiveness, they said that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are offered a referral to Behavioral Health. Per the Behavior Health Administrator if an inmate is identified as an aggressor through an investigation, updated evaluations would be conducted within 7 days of the referrals.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☐ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Sexual Abuse Incident Review Report
4. Interviews with:
 - a. Warden
 - b. PCM
 - c. Incident Review Team Member

115.86(a)(b)(c) TDOC 502.06.2 states, "That the facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/designee, Associate Warden of Treatment/Deputy Superintendent/Assistant Warden at privately managed facilities, facility and OIC Institution Investigator, line supervisor, and medical/mental health professionals. These individuals are members of the Sexual Abuse Response Team (SART). The auditor review 1 substantiated and 1 unsubstantiated sexual abuse/sexual misconduct investigative cases. A Sexual Assault Incident Review was conducted following the conclusion of the investigation. The reviews were thorough, followed the requirements of this standard and were conducted with 30 days of the completed investigation.

115.86(d) TDOC 502.06.2 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the area in the facility where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and whether monitoring technology should be deployed or augmented to supplement supervision by staff in these areas. The team is required to prepare a report of findings for the Warden that identifies problem areas, necessary corrective action, and recommendation for improvement. The auditor reviewed the 2 incident reviews completed by members of the Sexual Abuse Response Team. The review indicated they contained the required information. There were no recommendations made by the SART. However, there are areas on the documents for recommendations to noted.

115.86(e) TDOC Index 502.06.2 indicates that the facility shall implement the recommendations for improvement or shall document the reason for not doing so. A copy of the incident review is scanned and electronically forwarded to the State-wide PREA Coordinator. Per review of the 2 completed incident reviews, there were no recommendations made that needed to be addressed.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. 2018 Annual SSV PREA Report
4. Interviews with:
 - a. State-wide PREA Coordinator
 - b. PCM

115.87(a -b) TDOC Index 502.06 states that staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC shall aggregate the incident-based sexual abuse data at least annually. Per an interview with the State-wide PREA Coordinator, data is collected by the Decision Support: Research and Planning Development Department using the Department of Justice annual reporting format and the set definitions identified in TDOC Index #502.06.

115.87(b) TDOC Index 502.06 indicates that the TDOC shall aggregated the incident-based sexual abuse data at least annually. The PREA Coordinator shall ensure that data collected is securely retained. The TDOC PREA Coordinator shall review data collected and aggregated in order to assess and

improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

115.87(c) The Facility provided a copy of their most recent SSV report that demonstrated that the data collected by the Facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.

115.87(d) TDOC Index 502.06 states, that TDOC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

115.87(e) TDOC Index 502.06 states, “The TDOC PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website.

115.87(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The facility PAQ provided a copy of the 2018 SSV-2 which demonstrate that the information is submitted to the Department of Justice timely.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
4. 2019 Annual PREA Report
5. Interviews with:
 - a. State-wide PREA Coordinator
 - b. Agency Head Designee

115.88(a-d) TDOC Index 502.06 addresses the requirement of this standard. The Directive indicates that TDOC staff shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; Is used to facilitate corrective action at the Department and

correctional facility levels; compares the current calendar year's data and activities with that available from previous years; Assesses the Department's progress in addressing sexual abuse; and is approved by the Commissioner and made readily available to the public through the Department's website. Personal identifiers shall be removed prior to the data being made publicly available. Per interviews with the Agency Head Designee and State-wide PREA Coordinator, part of the report shows the corrective actions taken. The SART conduct monthly walk throughs in the facility and identify and submit any work orders that are completed by the following monthly walk-through of not less than 30 - days. The Commissioner receive a monthly report of all allegations reported at each TDOC facility.

The State-wide PREA Coordinator confirmed he review the data collected and approval. He submits the comparison and forward to the Commissioner for review and approval via signature. Only then can the report be posted on the Department's website.

The auditor reviewed the website and verified the 2019 annual report was signed by the Commissioner and published. A review of the report indicated a comparison of 2018 and 2019 data. The report is well written and addresses the requirement of this standard.

Based on a review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. DSNF Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
4. 2018 Annual PREA Report
5. Interviews with:
 - a. PREA Coordinator
 - b. PCM

115.89 (a-d) TDOC Index 502.06 addresses the requirements of this standard. The directive indicates the TDOC PREA Coordinator shall ensure that data collected is securely retained. The TDOC is responsible for completing an Annual report and when approved by the Commissioner it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related personal identifiers shall be removed prior to being made public. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. The TDOC PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection.

Per an interview with the State-wide PREA Coordinator, he also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the 2019 annual report was published. A review of the report indicated there were no personal identifiers.

Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TDOC Index 502.06 PREA Implementation, Education, and Compliance was reviewed and meets the requirement of this standard. The directive requires the State-wide PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, Audits, and Auditing and corrective action. This was the third PREA audit of the Lois M. Deberry Special Needs Facility. This the first year of third audit cycle for the Agency. The Agency oversees 10 facilities and the agency website had PREA audit reports posted for all facilities during the past audit cycle. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with inmates and staff during the Skype and onsite interviews. As previously due to the COVID-19 global pandemic, as a safety precaution the majority of staff and inmate interviews were conducted by Skype. Interviews with inmates confirmed they had observed the notice of audit posted throughout the institution. However, the auditor did not receive any correspondence from staff and/or inmate population. No inmates contacted the auditor prior to the audit.

Based on the above, the facility has demonstrated substantial compliance with all provisions of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past

three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per TDOC directives and standard requirements, TDOC ensures that all final reports will be published on their websites to be available to the public. A review of the TDOC website at www.tn.gov/correction/sp/prisonrape-elimination-act.html contained the final 15 previous PREA reports completed for TDOC. Final reports were published to the agency website within 90 days of issuance.

Based on the above, the facility has demonstrated substantial compliance with this Standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson

August 20, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.